SIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Repiritor's No. 1418	cués idu a		THE DIVISION			and the second s			4-5	^^
BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Repistrar's No. 1418 1. PLACE OF DEATH 2. CUNTY Buchands 1. CITY (If out-tide corporate limits, write HURAL and give and tide of the control	FILED JAN 6	1958	STANDARD (CERTIFIC	CATE OF	DEATH	State	Filc No	435	28
1. PLACE OF DEATH a. COUNTY Buchands b. CITY (If outded conjunct to limit, write RURAL and dies TOWN STATOSEPHA MISSOURUITWEET 6. FULL NAME OF (If the too is benefal or institution), pire state address or location INSTITUTION Methodist Hospital RISTOURION Methodist Hospital RISTOURION METHODIST 7. MARRIED AND CLARIFORM OF CLA	BIRTH NO		REG. DIST. NO	42 p			OO Regi	strar's No.	1418	
b. CITY (It earlies recombet limits, write RURAL and give of CR	1. PLACE OF DEA	тн			2. USUAL F	RESIDENCE (Where descend 1	bead If for		dence be
A FULL NAME OF (I not in begind of institution, size storet address or location) A FULL NAME OF (I not in begind of institution, size storet address or location) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) A FULL NAME OF (I not in begind of institution) B. GALE OCCUPATION (Checkbled of each of the size of institution) B. GALE OCCUPATION (Checkbled of each of institution) FOR TITLE OF INSTITUTE OF INSTIT			·····			0	0.00	De	Kalb	
HOSPITAL OR INSTITUTION Methodist Hosp. 3. NAME OF DECEASED TUMBY DECEASED (Type or Print) TUMBY S. SEX C 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 2 8. DATE OF BIRTH 12 - 2 72 - 18 1	OR		SSOURINIV	NGTH OF (in this place) EEK	Λ0	Clarksda	le	d. Is Res e city Yes	or incorporate	imits of Liown?
Turner Turner Lilburn Hines DEATH 12 - 21 -	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	or in hospital or instituted the state of th	Hosp.	or location)	STREET ADDRESS	191			03	37 6
5. SEX	3. NAME OF	a. (First)	b. (Middl	e)	c. (Las	t) —	4. DATE	(Month)	(Day)	(Year)
Male White of the whole of each good continue mean of working life, even if retirved) 19b. KIND OF BUSINESS OR IN- 19b. MAJOR FINDINGS OF CONDITION 19b. MAJOR FINDINGS OF DEPARTH 19b. MAJOR FINDINGS OF OPERATION 19b.		Turner	Lilb	urn	Hin	es	DEATH	12 -	21 -	57
Male White of the state of the	5. SEX 6. (COLOR OR RACE 7	MARRIED, NEVER M.	ARRIED.	8. DATE OF BI	RTH				MDER 11 H
10e. USUAL OCCUPATION (Cive blad of rock global during most of working life, even if retired) FATMOR 13e. FATHER'S NAME W1111am H1nes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 170° 110° 110° 110° 110° 110° 110° 110°	Male V	White N	Vidowed		2-7-1 8	81	1	. <u> </u>		_ 1
13b. MOTHER'S MAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	10. USUAL OCCUPATION	N (Chia blad of each	Ob. KIND OF BUSINES	SS OR IN-				untry) Q	12. CITIZEI	OF WH
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	Farmer	R mie' easu m seman)	Farm	DUSTRI	Mo	,city	unknown	.	U.S.	Ä.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADD 11. ONE 11.				S MAIDEN A	AME					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADD 11. ONE 11.	William Hir	nes	Franc	is Car	roll	Nor	IA			
INCEPT OF DEATH Enter only one course per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart felliure, asthemia, etc. It means the discourse find the underlying cause last. Morbid conditions, if any, giring DUE TO (b) Tise to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Policion which caused death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERA TION 19b. MAJOR FINDINGS OF OPERATION 19c. DATE OF OPERA BUICIDE 10c. CITY, TOWN, OR TOWNSHIP) 10c. COUNTY) 10c. COUNTY) 10c. COUNTY) 10c. COUNTY) 10c. COUNTY) 10c. COUNTY) 10c. CITY, TOWN, OR TOWNSHIP) 10c. COUNTY) 10c. COUNTY 10c.	15. WAS DECEASED EVER	R IN U.S. ARMED FOR	RCES? 16. SOCIAL	SECURITY	17. INFORM	ANT'S SIGN	ATURE OR N	NAME	AD	DRESS
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) **This does not mean the mode of dying, such as heart failure, asthenia, etc. 11 means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) SUICIDE HOMICIDE 21d. TIME (Month) SUICIDE HOMICIDE 21d. TIME (Month) SUICIDE SUICIDE HOMICIDE 21d. Time (Month) Suicide (Month)	no (If 1	**************************************	XXXXX	XXXX	Major 1	dines .	(lark	sdale	ЖÖ
This does not mean the mode of gring, such as heart failure, asthenia, etc. It means the discusse, injury, or complication which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the distract condition custing death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE (Bpecity) SUICIDE (Bpecity) 21b. PLACE OF INJURY (a.g., in or about bome, farm, factory, street, office bldg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) North Hille AT (Day) (Year) (Hour) 21d. Time (Month) (Day) (Year) (Hour) 22d. Therefore or title) (23d. ADDRESS) 23d. DATE (Commonth) (Day) (Year) (Hour) 24d. Location (City, town, or county) (Day) (Parksdale) 25d. Month (Parksdale) (Parksdale	Enter only one cause per	1. DISEASE OR CONI DIRECTLY LEADING	ME DITION G TO DEATH*(a)	_	,	.1			I INTERVAL	BETWE
DUE TO (c) DUE TO (c)	*This does not mean	• • • • • • • • • • • • • • • • • • • •			. //				'	U
DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition acting death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specity) 21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCU	as heart failure, asthenia,	Morbid conditions, ly rise to the above caus	fany, giring DUE TO (te (a) stating	(b)		· -		· · · · · · · · · · · · · · · · · · ·		
tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 10b. Major Findings of Operation 21b. PLACE OF INJURY (e.g., in or about SUICIDE, Homicide bidg., sto.) 10c. Meanth) (Day) (Year) (Hour) 21c. Injury OCCURRED WHILE MORK AT WORK 21d. Time (Meanth) (Day) (Year) (Hour) NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 1954, to 2 lie. 23a. SUNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23b. ADDRESS 12d. LOCATION (City, town, or county) (County) (STAN DISTRIBUTION OF TOWNSHIP) (COUNTY) (COUNTY) (STAN DISTRIBUTION OF TOWNSHIP) (COUNTY) (COUNTY) (STAN DISTRIBUTION OF TOWNSHIP) (COUNTY) 21f. HOW DID INJURY OCCUR? 22f. How Did Injury OCCUR? 22f. How Did Injury OCCUR? 22g. ADDRESS (Degree or title) 23b. ADDRESS 22g. DATE 12-24 22d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 22d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 25d. Fluerapy or rectype's Signature 25d. Part Pay or rectype's Signature 25d. Pay address 25d. Fluerapy or rectype's Signature 25d. Pay address 25d. Fluerapy or rectype's Signature 25d. DATE 25d. Pay address 25d. DATE 25		unc underlying table		c)			<u></u>		_	
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 144 X 16b. MAJOR FINDINGS OF OPERATION 1									i	
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 144 X 121a. ACCIDENT SUICIDE HOMICIDE 121b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE 121d. Time OF INJURY 121b. PLACE OF INJURY OCCURRED WHILE AT WORK 121d. Time Work AT WORK 121d. Time OF INJURY 121d. Injury 122d. Injury 121d. Injury 122d. Injury 122d. In		Conditions contributions related to the disease of	ing to the death but not or condition causing deat	h.					<u> </u>	
21a. ACCIDENT SUICIDE 21b. PLACE OF INJURY (a.g., in or about bome, farm, factory, street, office bldg., sto.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STA SUICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 22f. hereby certify that I altended the deceased from 1954, to 2 live 1954, that I last saw the dalife for 1954, and that death occurred at 2:05 Pm., from the causes and on the date stated above. 23a. SUSNATURE (Degree or title) 23b. ADDRESS (Degree or title) 23b. ADDRESS 11con, Removal (Speeds) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Clarksdale Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS		19b. MAJOR FINDIN	IGS OF OPERATION						20. AUTO	PSY?
SUICIDE SUICIDE Bome, farm, factory, street, office bidg., sto.) SUICIDE HOMICIDE	TION							44 X _	YES [] on [
22. I hereby certify that I attended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TO	WN, OR TOWNSHI	P) (C	OUNTY)	(ST	ATE)
22. I hereby certify that I attended the deceased from	OF	(Day) (Year) (Hor	WHILEAT (NO	TWHILE	21f. HOW DID	INJURY OCCUR?				
23a. SIGNATURE (Degree or title) 23b. ADDRESS 124 JUMBER J., J., JR., Mo. 23c. DATE 12-26 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (12-26) 24c. NAME OF CEMETERY OR CREMATORY Clarksdale Mo. Company Clarksdale Mo. Company Clarksdale Company		het Lattended the	deceased from	urred at /2	1954, 1 1:05 Pm	o 2/llec from the cause	, 19 5, s and on the	that I las date state	st saw the	decea
TION REMOVAL (Speedly) 2-24-1957 Clarksdale Cemetery Clarksdale Mo Date REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS		lied, mg			23b ADDRES	1 #	It. Jaz.	41	23c. DAT	
	TION, REMOVAL (Specify)	ا		sdale	cemete	ry Clar	ksdale]	Мо	(State)
12-27-57 REG. Mrs. Robert Bulton John Bram Maysville M	DATE REC'D BY LOCAL REG.	Mra Ka	NATURE Ful	ton	25. FUNCTIAN	DIRECTOR'S				Мо

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Student Signeture of Student Embalmer

Licensed Embalmer No 3933....

P. O. Address May sville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.